Pre-Proposal Meeting Checklist

RFP for Therapy Services Agreement

Spec No: 56-10/22

September 9, 2022 10:30 AM

NOTICE: Obtaining all bid documents including Addendums is the responsibility of the Bidder.	
1. YOU MUST PRINT CLEARLY!	
Functional Pathways (PT	Phone: 215 620 9449
Company Name	Email:
Street Address Unit /Suite #	AWAGNER @ FPREhab. com
5 0 00011	
City State Zip	I have read and understand the the Notice above:
Signature: Printed Nan	ne and Title Area Director of Operations
2. YOU MUST PRINT CLEARLY!	
Seleot rehab	Phone: 508-981-9978
Company Name	Email:
Street Address Unit /Suite #	BLAMBERTO SELECTREHAB, COM
Glenview IL 60026 City State Zip	
	I have read and understand the the Notice above:
Signature: BANDE Gamble Printed Name and Title Blyan Lambert, Director of Business Development	
3. YOU MUST PRINT CLEARLY!	
Company Name Powerback Rehab	Phone: 215 345 3252
Company Name	Email:
Street Address Unit /Suite #	nancy · colbaish @ gen
	rehab. com
City State Zip	I have read and understand the the Notice above:
Signature: Manay Callachet Printed Nan	ne and Title Nancy Colbaugh DOR
4. YOU MUST PRINT CLEARLY!	
	Phone:
Company Name	Email:
Street Address Unit /Suite #	
City State Zip	I have road and understand the the Nether shows
	I have read and understand the the Notice above:
Signature: Printed Name and Title	

Pre-Proposal Meeting Checklist

RFP for Therapy Services Agreement

Spec No: 56-10/22

September 9, 2022 10:30 AM

NOTICE: Obtaining all bid documents including Addendums is the responsibility of the Bidder. YOU MUST PRINT CLEARLY! Phone: Company Name Email: Unit /Suite # Street Address Zip City State I have read and understand the the Notice above: Signature: _____ Printed Name and Title _____ YOU MUST PRINT CLEARLY! Phone: _____ Company Name Email: Street Address Unit /Suite # State Zip City I have read and understand the the Notice above: Signature: Printed Name and Title YOU MUST PRINT CLEARLY! Phone: Company Name Email: Unit /Suite # Street Address State Zip City I have read and understand the the Notice above: Signature: _____ Printed Name and Title _____ YOU MUST PRINT CLEARLY! Phone: _____ Company Name Email: Unit /Suite # Street Address City State Zip I have read and understand the the Notice above: Signature: Printed Name and Title

Pre-Proposal Meeting Checklist

RFP for Therapy Services Agreement

Spec No: 56-10/22

September 9, 2022 10:30 AM

NOTICE: Obtaining all bid documents including Addendums is the responsibility of the Bidder.

County of Bucks and Engineer Representatives in Attendance:

Name:

AUCH HAMAS

PURCHASING

NESHAMING Manoe

Neshaning Manoe

None

N

11:07 am